0 718-05 Part b - fee(s) transmittal

2.	JUL 1 5 2005 C	this form, together wi		or For	Mail Stop ISSUF Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450		
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07/	DELPHI TECHN M/C 480-410-202 PO BOX 5052 TROY, MI 48007 /19/2005 WASFAW2 000	NOLOGIES, INC.	.4A		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  (Depositor's name)			
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02	FC:1504 300.0	::1504 300.00 DA				7-1	5-05 (Date)	
[	APPLICATION NO.			RST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/828,848	10/828,848 04/20/2004 J			ey DP-310644 5353			
TITLE OF INVENTION: TECHNIQUE FOR CALIBRATING A CURRENT CONTROL CIRCUIT								
l	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PI	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
•	nonprovisional	NO	\$1400	<b>,</b>	\$300	\$1700	07/28/2005	
Į	EXAMINER		ART UNIT	CI	ASS-SUBCLASS	J	"	
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•	CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica	e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	(1) the names of or agents OR, alter (2) the name of a registered attorney 2 registered patent	ng on the patent front page, list es of up to 3 registered patent attorneys R, alternatively, e of a single firm (having as a member a ttorney or agent) and the names of up to patent attorneys or agents. If no name is me will be printed.  1 Stefan V. Chmielewski  2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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